



Revised 11/2000

**ELITE AND J.O. NATIONAL CHAMPIONSHIPS
COMPETITION ENTRY FORM**

EVENT: AMERICAN CLASSIC / CHALLENGE DATE: 3/4,5,6,/2004

ATHLETE NAME: _____ DATE OF BIRTH: _____

USAG TEAM (ATHLETE) MEMBER NO. _____ LEVEL _____ AGE DIVISION: _____

PARENT'S NAME: _____

PARENT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

NAME OF CLUB: _____ NAME OF COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

CLUB # _____ E-MAIL ADDRESS: _____

NAME OF COACHES ATTENDING
THIS COMPETITION

SAFETY
CERTIFICATION
EXP. DATE

USAG PROFESSIONAL NO.

_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

NOTE: ALL COACHES MUST BE SAFETY CERTIFIED.

*If you are *not* a current USAG National Team Member, list International, National, Regional, State or Conference titles you hold, year won, and other achievements in gymnastics.

Returned entry by: _____ to: _____

ENTRY FEE \$100 To Glider Charity

Please support the competition by staying at one of the host hotels. Thanks!

GLIDER CHARITY

841 N. DODSWORTH AVE.

COVINA, CA. 91724